

CHAPTER 54-07-03.1

ROLE OF THE UNLICENSED ASSISTIVE PERSON AND TECHNICIAN

Section

- 54-07-03.1-01 Minimum Competence Requirements for Unlicensed Assistive Persons
- 54-07-03.1-02 Process for Teaching Nursing Interventions [Repealed]
- 54-07-03.1-03 Licensed Nurse Delegation to Unlicensed Assistive Persons
- 54-07-03.1-03.1 Licensed Nurse Interventions that May Not Be Delegated
- 54-07-03.1-04 Unlicensed Assistive Person's Contribution to the Nursing Process [Repealed]
- 54-07-03.1-05 Requirements for Unlicensed Assistive Person and Technician

54-07-03.1-01. Minimum competence requirements for unlicensed assistive persons.

Unlicensed assistive person competence means having the required knowledge, skills, and ability to perform delegated nursing interventions safely, accurately, and according to standard procedures. The unlicensed assistive person shall meet the criteria or requirements for their specific roles.

History: Effective February 1, 1998; amended effective June 1, 2002; April 1, 2004; April 1, 2014.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-08(1)

54-07-03.1-02. Process for teaching nursing interventions.

Repealed effective April 1, 2014.

54-07-03.1-03. Licensed nurse delegation to unlicensed assistive persons.

A licensed nurse may delegate a nursing intervention to an unlicensed assistive person only if all the conditions for delegation set forth in chapters 54-05-01, 54-05-02, and 54-05-03.1 and this article are met.

History: Effective February 1, 1998; amended effective June 1, 2002; April 1, 2014.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-08(1)

54-07-03.1-03.1. Licensed nurse interventions that may not be delegated.

Interventions that require nursing knowledge, skill, and judgment may not be delegated by the licensed nurse to an unlicensed assistive person. These interventions include, but are not limited to:

1. Physical, psychological, and social assessment which requires professional nursing judgment, intervention, referral, or followup.
2. Development of nursing diagnosis and care goals.
3. Formulation of the plan of nursing care.
4. Evaluation of the effectiveness of the nursing care provided.
5. Teaching except for that related to promoting independence in activities of daily living.
6. Counseling, except that the unlicensed assistive person may be instructed to recognize and report basic deviations from healthy behavior and communication patterns, and may provide listening, empathy, and support.
7. Coordination and management of care, including collaborating, consulting, and referring.

8. Triage.
9. Medication administration may not be delegated unless the unlicensed assistive person has met the requirements of chapters 54-07-02 and 54-07-05 or has met the requirements of section 54-07-01-03. The exception is when a licensed nurse specifically delegates to a specific unlicensed assistive person the administration of a specific medication for a specific client according to chapter 54-07-08.
10. Receiving or transmitting verbal or telephone orders.

History: Effective April 1, 2014.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-08(1)

54-07-03.1-04. Unlicensed assistive person's contribution to the nursing process.

Repealed effective April 1, 2014.

54-07-03.1-05. Requirements for unlicensed assistive person and technician.

The unlicensed assistive person and technician shall meet the following requirements:

1. Competently performs nursing interventions and functions as delegated by the nurse and as authorized by the board.
2. Demonstrates honesty and integrity.
3. Performs nursing interventions based on education, training, and the direction of the supervising nurse.
4. Accepts accountability for one's behavior and actions while assisting the nurse and providing services to clients.
5. Assists in observing clients and identifying client needs.
6. Communicates progress toward completing delegated nursing interventions, as well as any problems or changes in a client's status.
7. Seeks clarification if unsure of expectations.
8. Uses educational and training opportunities as available.
9. Takes preventive measures to protect clients, others, and self.
10. Respects client's rights, concerns, decisions, and dignity.
11. Functions as a member of the health care team, contributing to the implementation of an integrated health care plan.
12. Respects patient property and the property of others.
13. Protects confidential information unless obligated by law to disclose the information.

History: Effective April 1, 2014.

General Authority: NDCC 43-12.1-08

Law Implemented: NDCC 43-12.1-08(1)